

<i>SERFF Tracking Number:</i>	<i>FDLA-126787546</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fort Dearborn Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46622</i>
<i>Company Tracking Number:</i>	<i>AH-8/26-FDL9516710AR</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Application for Group Insurance</i>		
<i>Project Name/Number:</i>	<i>Application for Group Insurance/FDL9-516-710</i>		

Filing at a Glance

Company: Fort Dearborn Life Insurance Company

Product Name: Application for Group Insurance SERFF Tr Num: FDLA-126787546 State: Arkansas

TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num: 46622
Closed

Sub-TOI: L04G.500 Other Co Tr Num: AH-8/26- State Status: Approved-Closed
FDL9516710AR

Filing Type: Form

Reviewer(s): Linda Bird
Author: Antionette Hill
Disposition Date: 08/30/2010
Date Submitted: 08/26/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Application for Group Insurance

Project Number: FDL9-516-710

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/30/2010

Deemer Date:

Submitted By: Antionette Hill

Filing Description:

Re:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association

Explanation for Other Group Market Type:

State Status Changed: 08/30/2010

Created By: Antionette Hill

Corresponding Filing Tracking Number:

Fort Dearborn Life Insurance Company

NAIC #71129 - FEIN #36-2598882

New Form Filing—

Form no. FDL9-516-710, Application for Group Insurance

Dear Reviewer:

<i>SERFF Tracking Number:</i>	<i>FDLA-126787546</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fort Dearborn Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46622</i>
<i>Company Tracking Number:</i>	<i>AH-8/26-FDL9516710AR</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Application for Group Insurance</i>		
<i>Project Name/Number:</i>	<i>Application for Group Insurance/FDL9-516-710</i>		

We are submitting, for your review and approval, the above referenced application. It is new and will not replace any previously approved form. Application FDL9-516-710 will be used with our current and subsequently approved group life, disability and dental products.

In regards to the use of brackets and underling throughout the form, generally, brackets show options of text that may or may not be offered. We reserve the right not to show these items if they are not offered. The section of the application titled Product Choice under Section 2. GENERAL INFORMATION contains each product choice bracketed to allow the exclusion of any type of product that is not currently offered or not available in your state.

The forms are in final printed format subject only to changes in font style, margins, page numbers, ink and paper stock. Printing standards will not be lower than those required under the laws of your state.

If you have any questions or need additional information, please contact me at 1-800-348-4512, ext. 6064, 630-824-6064 or antionette_hill@dearbornnational.com. Thank you for your prompt response.

Company and Contact

Filing Contact Information

Antionette Hill, Advanced Contract Specialist	Antionette_Hill@fdlic.com
1020 31st Street	630-824-6064 [Phone]
c/o Fort Dearborn Life Insurance Company	630-824-5428 [FAX]
Downers Grove, IL 60515-5591	

Filing Company Information

Fort Dearborn Life Insurance Company	CoCode: 71129	State of Domicile: Illinois
1020 31st Street	Group Code: 917	Company Type: Life and Health
Downers Grove, IL 60515-5591	Group Name:	State ID Number:
(800) 633-3696 ext. [Phone]	FEIN Number: 36-2598882	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	The Illinois fee is \$50 per form which is higher than the Alabama fee of \$20.
Per Company:	No

SERFF Tracking Number: FDLA-126787546 *State:* Arkansas
Filing Company: Fort Dearborn Life Insurance Company *State Tracking Number:* 46622
Company Tracking Number: AH-8/26-FDL9516710AR
TOI: L04G Group Life - Term *Sub-TOI:* L04G.500 Other
Product Name: Application for Group Insurance
Project Name/Number: Application for Group Insurance/FDL9-516-710

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fort Dearborn Life Insurance Company	\$50.00	08/26/2010	39040725

SERFF Tracking Number:	FDLA-126787546	State:	Arkansas
Filing Company:	Fort Dearborn Life Insurance Company	State Tracking Number:	46622
Company Tracking Number:	AH-8/26-FDL9516710AR		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Application for Group Insurance		
Project Name/Number:	Application for Group Insurance/FDL9-516-710		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/30/2010	08/30/2010

<i>SERFF Tracking Number:</i>	<i>FDLA-126787546</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fort Dearborn Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46622</i>
<i>Company Tracking Number:</i>	<i>AH-8/26-FDL9516710AR</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Application for Group Insurance</i>		
<i>Project Name/Number:</i>	<i>Application for Group Insurance/FDL9-516-710</i>		

Disposition

Disposition Date: 08/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FDLA-126787546</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fort Dearborn Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46622</i>
<i>Company Tracking Number:</i>	<i>AH-8/26-FDL9516710AR</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Application for Group Insurance</i>		
<i>Project Name/Number:</i>	<i>Application for Group Insurance/FDL9-516-710</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Application for Group Insurance		Yes

SERFF Tracking Number:	FDLA-126787546	State:	Arkansas
Filing Company:	Fort Dearborn Life Insurance Company	State Tracking Number:	46622
Company Tracking Number:	AH-8/26-FDL9516710AR		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Application for Group Insurance		
Project Name/Number:	Application for Group Insurance/FDL9-516-710		

Form Schedule

Lead Form Number: FDL9-516-710

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FDL9-516-710	Application/ Enrollment Form	Application for Group Initial Insurance				FDL9-516-710.pdf

☐ New Application ☐ Change

Group #: _____ **Federal Tax ID #:** _____

Section 1. POLICYHOLDER INFORMATION: Please Type or Print All Information.

Policyholder (full legal name): _____

Address (not PO box): _____

City: _____ State: _____ ZIP: _____

Subsidiaries or Affiliates to be covered? ☐ Yes; or ☐ No (If more than one, indicate on separate sheet; and attach to this application.)

If Yes: Company Name: _____

Address (not PO box): _____

City: _____ State: _____ ZIP: _____

Premium is payable on the first of the insurance month unless mutually agreed upon by the Policyholder and the insurance company.

Section 2. GENERAL INFORMATION:

Product Choice (Check all that apply)

Policyholder will contribute:

Requested Effective:

***Replacing Coverage Yes/No:**

[☐ Group Term Life ☐ AD&D: ☐ 100%; or ☐ Other: _____ % _____ / _____ / _____]

[☐ Critical Illness Accelerated Rider :]

[☐ Group Dental: ☐ 100%; or ☐ Other: _____ % _____ / _____ / _____]

[☐ Group Short-Term Disability(STD): ☐ 100%; or ☐ Other: _____ % _____ / _____ / _____]

[☐ Group Long-Term Disability(LTD): ☐ 100%; or ☐ Other: _____ % _____ / _____ / _____]

[☐ Voluntary Term Life ☐ AD&D: ☐ 0%; or ☐ Other: _____ % _____ / _____ / _____]

[☐ Critical Illness Accelerated Rider:]

[☐ Voluntary Group Dental: ☐ 0%; or ☐ Other: _____ % _____ / _____ / _____]

[☐ Voluntary Short-Term Disability(VSTD): ☐ 0%; or ☐ Other: _____ % _____ / _____ / _____]

[☐ Voluntary Long-Term Disability(VLTD): ☐ 0%; or ☐ Other: _____ % _____ / _____ / _____]

***Enclose a copy of each in force policy to be replaced.**

Section 3: POLICYHOLDER STATEMENT:

The Policyholder or authorized representative (Policyholder) applies for a group insurance policy(s) through Fort Dearborn Life Insurance Company (FDL).

The Policyholder represents and certifies that:

1. This application must be approved in writing by FDL. Issuing the insurance policy is evidence of approval. Coverage for insureds under the group policy is effective when the insured applies and is approved for coverage by FDL. The Policyholder will not collect premium from an insured who requires medical underwriting until FDL approves the insured's application for coverage; and
2. FDL will issue a policy only if FDL decides that the group is an acceptable risk based on FDL's underwriting practices and procedures; otherwise FDL has no liability except to refund premium. The Policyholder must return to individual insureds any part of the premium paid by those insureds; and
3. The premium rates are contingent, based on the accuracy of insured eligibility data given to FDL by the Policyholder. Misstatements on an insured's application or failure by the Policyholder or insured to report new medical information before an insured's effective date of coverage may cause a change to the coverage or premium rate as of the policy effective date; and
4. The Policyholder and insureds are subject to all the policy terms and provisions and trust agreements, if applicable. They may be amended from time to time; and
5. If the Policyholder does not collect or pay premiums by the premium due date, the policy will terminate at the end of the policy's grace period; and
6. Even with the purchase of a disability policy, the Policyholder may be required to buy disability coverage under a state disability benefit act or law; and
7. The Policyholder will: a) send FDL applications of individual insureds prior to the eligibility date; b) give certificates to all insureds; c) report changes in the insured group to FDL; and d) keep records of insured eligibility.
8. The information given and statements made on this application are complete and correct. Misstatements or omissions of information may affect the validity of any insurance policy issued and cause the denial of an otherwise valid claim.
9. Statements made by the Policyholder are representations and not warranties. No statement made by any insured will be used in any contest unless a copy of the instrument containing the statement is or has been given to the insured or, in case of death or incapacity of the insured, to his beneficiary or personal representative.

This application and the payment of premium are consideration for any master policy and certificates issued. This application is part of any insurance policy issued. The authorized signature on this application is acceptance of the policy terms.

Authorized Signature

Date (Must be signed prior to Effective Date)

Print name and Provide Title

Licensed Resident Agent (if required)

The laws of some states require us to furnish you with the following notice:

FOR APPLICATIONS AND CLAIMS:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine & Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly and willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars(\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The laws of some states require us to furnish you with the following notice:

FOR CLAIMS ONLY:

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FOR APPLICATIONS ONLY:

Massachusetts: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

SERFF Tracking Number:	FDLA-126787546	State:	Arkansas
Filing Company:	Fort Dearborn Life Insurance Company	State Tracking Number:	46622
Company Tracking Number:	AH-8/26-FDL9516710AR		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Application for Group Insurance		
Project Name/Number:	Application for Group Insurance/FDL9-516-710		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
AR Certificate of Compliance.pdf		

FORT DEARBORN LIFE INSURANCE COMPANY

COMPLIANCE CERTIFICATION

I, Victoria E. Fimea, Vice President, General Counsel and Secretary of Fort Dearborn Life Insurance Company, hereby certify that, to the best of my knowledge, this submission meets the provisions of Rule & Regulation 19, Rule & Regulation 49, ACA 23-80-206 and ACA 23-79-138, as well as all applicable requirements of the Arkansas Department of Insurance.

Fort Dearborn Life Insurance Company

By: 

Victoria E. Fimea
Vice President, General Counsel and Secretary

Date: Aug 26, 2010